



 Name

 Address

 City State Zip

Account #: _____

WV-945
 rL052 v 2-Web

**WEST VIRGINIA QUARTERLY RETURN OF BACKUP WITHHOLDING
 OF GAMBLING WINNINGS**

Tax Period Ending		Due Date	
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Check here if this is an amended return

1. Total gambling awards paid out this quarter
2. Total backup withholding due this quarter
3. Total backup withholding payments made for this quarter
4. Balance due (If line 2 is greater than line 3, enter the difference)
5. Overpayment (If line 3 is greater than line 2, enter the difference) Refund

1		.
2		.
3		.
4		.
5		.

6. Quarterly Summary of State Tax Liability (write the names of the months on the lines provided)

		Tax liability for month	
A. Month 1:		A	
B. Month 2:		B	
C. Month 3:		C	
D. Total liability for the quarter (add lines A through C)		D	

Sign Your Return	Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.		
	(Signature of Taxpayer)	(Print Your Name and Title)	(Date)
	(Person to Contact Concerning this Return)	(Telephone Number)	
	(Signature of Preparer other than Taxpayer)	(Address)	(Date)

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
 Tax Account Administration Div
 P. O. Box 1667, Charleston, WV 25326-1667
 FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
 For more information visit our web site at: www.wvtax.gov
 File online at <https://mytaxes.wvtax.gov>



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